PRINTED: 07/14/2009 FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING **NVS115AGC** 07/01/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **1627 GABRIEL DRIVE CJ HOMES** LAS VEGAS, NV 89119 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) Y 000 Y 000 **Initial Comments** The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted at your facility on July 1, 2009. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for ten (10) Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illness. The census at the time of the survey was 10. There were 10 resident files reviewed and 2 employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of B. There were no complaints investigated. The following deficiencies were identified: Y 070 Y 070 449.196(1)(f) Qualifications of Caregiver-8 hours SS=D training NAC 449.196

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

This Regulation is not met as evidenced by:

1. A caregiver of a residential

(f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a

facility must:

residential facility.

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3. The facility's dryer was located outside on the patio area. Next to the dryer, there were stacks of dirty clothing placed inside of large plastic bins.

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NAC 449.2744

1. The administrator of a residential facility that

provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include:

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that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical

information and any other information related to

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